

**DECLARATION FOR PATENT APPLICATION**Attorney Docket: 27641U  
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As a below-named inventor(s), I/we hereby declare that:

My/Our residence(s), post office address(es) and citizenship(s) is/are as stated below next to my/our name(s).

I/We believe I/we am/are the original inventor, first and sole (if only one name is listed below) or the original, first and joint inventors (if plural names are listed below) of the subject matter which is claimed, and for which a patent is sought on the invention entitled:

**CROSSWOUND BOBBIN AND ASSOCIATED PRODUCTION METHOD**

the specification of which: (check one)  
☐ is attached hereto.

☒ was filed on 25 February 2004, as Serial No. PCT/EP2004/002024,

and was amended on \_\_\_\_\_ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the patentability of this application as defined by 37 CFR § 1.56.

We hereby claim foreign priority benefits under 35 U.S.C. § 119 of any foreign application(s) for patent or inventor's certificate listed below, and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

**Prior Foreign Applications:**

<u>10 2004 010 824.2</u> (Application No.)	<u>GERMANY</u> (Country)	<u>27/February/2004</u> (Day/Month/Year)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Application No.)	_____ (Country)	_____ (Day/Month/Year)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/We hereby appoint the Practitioners associated with the following Customer Number:

**Customer Number 20529**

Direct Telephone Calls to:

Gary M. Nath  
703 548 6284

Send Correspondence to:  
**NATH & ASSOCIATES PLLC**  
112 South West Street  
Alexandria, VA. 22314  
Tel: 703 548 6284  
Fax: 703 683 8396

We hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by 35 U.S.C. § 112, first paragraph, I/we acknowledge the duty to disclose material information as defined in 37 CFR § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (U.S. Application Serial No.)	_____ (U.S. Filing Date)	_____ (Status--patented, pending, abandoned)
_____ (U.S. Application Serial No.)	_____ (U.S. Filing Date)	_____ (Status--patented, pending, abandoned)

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I/we hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s) \_\_\_\_\_

Filing Date \_\_\_\_\_

We hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. ' 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Gerd STAHLECKER

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Auf der Ebene 30, 73054 Eislingen/FilzCountry of Citizenship: GERMANYPost Office Address: Same as AboveFull name of second inventor: Gernot SCHÄFFLER

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Narzissenweg 4, 73116 WäschenbeurenCountry of Citizenship: GERMANYPost Office Address: Same as aboveFull name of third inventor: Christoph RIETHMÜLLER

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Balinger Strasse 16 71229 LeonbergCountry of Citizenship: GERMANYPost Office Address: Same as above

Full name of fourth inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of fifth inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full name of sixth inventor: \_\_\_\_\_

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Post Office Address: \_\_\_\_\_